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FAX FILING IN U.S. PATENT & TRADEMARK OFFICEDATE: August 17, 2005

TIME: _____

TO:	Mail Stop AF	FAX NO.:	1-571-273-8300
FROM:	Kenneth N. Nigon	ADMIN. ASST.:	Tonya M. Berger
APPLN. NO.:	09/963,324	ATTY. DOCKET NO.:	2655
TITLE OF APPLN.: REMOTE CONTROL SYSTEM FOR TRANSLATING AN UTTERANCE TO A CONTROL PARAMETER FOR USE BY AN ELECTRONIC DEVICE			
FILING DATE:	September 26, 2001	ART UNIT:	2655
FIRST INVENTOR:	Lee R. Dischert	CONF. NO.:	1321
TITLE OF DOCUMENT (and List of Attachments): Transmittal, Fee Transmittal in duplicate, PTO-2038 and Amendment After Final			

Total Number of Pages: 17 (including this form)**COMMENTS****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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PTO/SB/21 (09-04) (AW 10/2004)

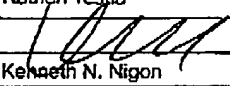
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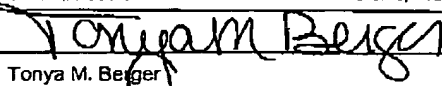
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/063,324
	Filing Date	September 28, 2001
	First Named Inventor	Lee R. Discherl
	Art Unit	2655
	Examiner Name	Matthew J. Sked
Total Number of Pages in This Submission 16	Attorney Docket No.	MATP-611US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-2038
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	RatnerPrestia		
Signature			
Printed Name	Kenneth N. Nigon		
Date	August 17, 2005	Registration No.	31,549

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or Printed Name	Tonya M. Berger	Date	August 17, 2005

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T-170 P.003/017 F-165
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PTO/SB/17 (12-04v2) (AW 1/2005)

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FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200

Complete if Known

Application Number	09/963,324
Filing Date	September 28, 2001
First Named Inventor	Lee R. Olschert
Examiner Name	Matthew J. Sked
Art Unit	1321
Attorney Docket No.	MATP-611US

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

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☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
17	- 18 or HP = 0	x _____ =	_____	_____	_____	_____
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
8	- 5 or HP = 1	x 200 =	200			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____ =	_____


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Complete (if applicable)

Signature		Registration No. Attorney/Agent	31,549	Telephone	(810)407-0700
Name (Print/Type)	Kenneth N. Nigon	Date	August 17, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2) (AW 1/2005)

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Effective on 12/03/04,
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
200

Complete if Known

Application Number	09/963,324
Filing Date	September 28, 2001
First Named Inventor	Lee R. Dischert
Examiner Name	Matthew J. Sked
Art Unit	1321
Attorney Docket No.	MATP-611US

METHOD OF PAYMENT: (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
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Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description		Small Entity	
Fee (\$)		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims			
17	- 18 or HP =	0	x
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims			
6	- 5 or HP =	1	x 200 =
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—	—	—	—	—

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY

Complete (if applicable)

Signature		Registration No. Attorney/Agent	31,549	Telephone	(610)407-0700
Name (Print/Type)	Kenneth N. Nilgö	Date	August 17, 2005		

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Appln. No.: 09/963,324
Amendment Dated August 17, 2005
Reply to Office Action of June 3, 2005

MATP-611US

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 09/963,324
Applicant: Lee R. Dischert
Filed: September 26, 2001
Title: REMOTE CONTROL SYSTEM FOR TRANSLATING AN UTTERANCE TO A
CONTROL PARAMETER FOR USE BY AN ELECTRONIC DEVICE
TC/A.U.: 2655
Examiner: Matthew J. Sked
Confirmation No.: 1321
Docket No.: MATP-611US

AMENDMENT UNDER 37 C.F.R. § 1.116**Expedited Procedure**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated **June 3, 2005**, please amend the above-identified application as follows:

- ☐ **Amendments to the Specification** begin on page _____ of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- ☐ **Amendments to the Drawings** begin on page _____ of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- ☒ **Remarks/Arguments** begin on page 11 of this paper.

08/18/2005 MBINAS 00000038 09963324

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